

DUPAGE COUNTY STORMWATER MANAGEMENT CERTIFICATION APPLICATION

1. COMMUNITY AND STATUS	2. DATE APP. RECEIVED BY COMMUNITY	3. STORMWATER APPLICATION/PERMIT NO. <i>(to be assigned by community)</i>	4. DEC Tracking No.
____ Non ____ Partial ____ Complete		____ - ____ - ____	
5. <i>(Community use only)</i>			
6. NAME, ADDRESS AND TITLE OF APPLICANT Attn:   Email: _____  Telephone No. during business hrs: _____		7. NAME AND ADDRESS OF OWNER Attn:   Email: _____  Telephone No. during business hrs: _____	
8. CHECK ALL OF THE FOLLOWING CONDITIONS WHICH APPLY:  ____ Flood Plain ____ Stormwater Detention ____ Best Management Practices  ____ Wetland ____ Wetland Buffer ____ Riparian Buffer  ____ Soil Erosion & Sediment Control			
9. DESCRIPTION OF PROPOSED DEVELOPMENT:			
10. LOCATION OF DEVELOPMENT  _____ Street Address  _____ Municipality  _____ Watershed Planning Area & Tributary		11. LEGAL DESCRIPTION  _____ 1/4 Section      _____ Township      _____ Range  PP No. ____ - ____ - ____ - ____  PP No. ____ - ____ - ____ - ____	
12. INTENTIONAL MISREPRESENTATION UNDER PENALTY OF PERJURY: I declare that I have examined and/or made this application and rider and it is true and correct to the best of my knowledge and belief. I realize that the information that I have affirmed hereon forms a basis for the issuance of the stormwater management certification(s) herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of any applicable ordinance or to excuse the owner or his successors in title from complying therewith. The Owner and Applicant each understand and agree to construct said improvement in compliance with all provisions of the applicable ordinances.  _____ Signature of Applicant      _____ Date      _____ Signature of Owner      _____ Date  _____ Print Applicant Name and Title      _____ Print Owner Name and Title			
13. FOIA: The Applicant acknowledges that all stormwater submittals (including architects’ drawings, engineers’ technical submissions and other construction-related technical documents containing stormwater management information) submitted with this application may be made available for inspection or copying by the County, notwithstanding 5 ILCS 140/7(1)(k), upon the written request for such materials. Such productions will be restricted to the following parties: i) the Applicant ii) any subsequent owner of the subject property; or iii) any governmental unit having planning or drainage jurisdiction within 1 and 1/2 mile of the subject property.  _____ Signature of Applicant      _____ Date      _____ Signature of Owner      _____ Date  _____ Print Applicant Name and Title      _____ Print Owner Name and Title			

(Office use only)

14. STORMWATER REVIEW FEE <i>(separate checks)</i>		Amount	Received By/Title
Community	_____	_____	_____
DuPage County Stormwater Management	_____	_____	_____
15. PROBABLE COST	Amount	16. SECURITIES	
Estimate of probable cost of construction of stormwater facilities	_____	Development Security	_____
Estimate of a natural area, wetland and buffer mitigation area	_____	Natural Area Security	_____
Estimate of probable cost of implementation and maintenance of soil erosion & sediment control	_____	Soil Erosion & Sediment Control Security	_____
		Total Security	
17. FINAL APPROVALS	Date	Approved By/Title	Seal/Stamp
Community Certification	_____	_____	
County Authorization	_____	_____	
****Certifications expire December 31 <sup>st</sup> of the third year from the date of Certification or Authorization, whichever is earlier.			
18. SPECIAL CONDITIONS			

RIDER TO DUPAGE COUNTY STORMWATER MANAGEMENT CERTIFICATION

THIS FORM MUST ACCOMPANY EVERY DUPAGE COUNTY STORMWATER MANAGEMENT CERTIFICATION APPLICATION

STORMWATER APPLICATION/PERMIT No.    -    -    DEC TRACKING No.   

1. CHECK LIST: (Community Sign-off with Initials)

\_\_\_\_\_ A Professional Engineer under the employment of the Applicant provided a statement within the submittal rendering an opinion that the development meets the minimum criteria for stormwater management in accordance with the Ordinance. (15-36)

\_\_\_\_\_ General Provisions – Building Protection: flood proofing measures certified by a professional engineer are included in this submittal. (15-28.A)

\_\_\_\_\_ The Applicant certifies that on site infiltration (PCBMP) area complies with the Ordinance (15-63.B.2).

\_\_\_\_\_ The developer shall grant (at the time of permitting), to the County or waiver community, a temporary easement authorizing access to the development site to comply with Article VI of the Ordinance.

2. STORMWATER MANAGEMENT AFFIDAVITS and STATEMENTS (Check and Sign all that apply)

\_\_\_\_\_ **LETTER OF PERMISSION:**  
The undersigned affirm that all calculations are in accordance with standard engineering practice and have been checked for accuracy of calculation and are in compliance with the requirements of the Ordinance (15-31).

_____	_____	_____
Signature of Applicant	Date	Print Applicant Name and Title
_____	_____	_____
Signature of Design Professional	Date	Print Design Professional Name and Title

\_\_\_\_\_ **DESIGN REQUIREMENTS:**  
I certify that I am aware of the design requirements of the **IEPA NPDES ILR10** permit and I certify that the plan meets those requirements. (15-50.A)

_____	_____	_____
Signature of Applicant	Date	Print Applicant Name and Title

3. STATEMENT OF OPINION: (15-47.A.5)

<input type="checkbox"/> I acknowledge the presence of flood plain.	<input type="checkbox"/> I acknowledge the presence of wetlands.	<input type="checkbox"/> I acknowledge the presence of buffers.
<input type="checkbox"/> I deny the presence of flood plain.	<input type="checkbox"/> I deny the presence of wetlands.	<input type="checkbox"/> I deny the presence of buffers.

_____	_____	_____
Signature(s) of Qualified Professional(s)	Date	Print Qualified Professional(s) Name(s) and Title(s)
_____	_____	_____
Signature(s) of Qualified Professional(s)	Date	Print Qualified Professional(s) Name(s) and Title(s)
_____	_____	_____
Signature(s) of Qualified Professional(s)	Date	Print Qualified Professional(s) Name(s) and Title(s)

☐ 4. SOIL EROSION and SEDIMENT CONTROL REQUIREMENTS:

\_\_\_\_\_ Developments with land disturbance greater than one (1) acre: I certify that the site complies with the IEPA NPDES ILR 10 permit. (15-59.W)

_____	_____	_____
Signature of Applicant	Date	Print Applicant Name and Title

\_\_\_\_\_ Developments with land disturbance less than one (1) acre that are not part of a larger common plan: I certify that the development meets the soil erosion and sediment control design criteria found in Article VII. (15-50.B)

_____	_____	_____
Signature of Qualified Designer	Date	Print Qualified Designer Name and Title

☐ 5. WETLAND BOUNDARY:

\_\_\_\_\_ I acknowledge the wetland boundary and Ordinary High Water Mark have been verified on \_\_\_\_\_. (15-48.C.2)

_____	_____	_____
Signature of Applicant	Date	Print Applicant Name and Title

6. SPECIAL CONDITIONS: (THIS SECTION TO BE COMPLETED AT PERMIT ISSUANCE)(Indicate All That Apply)

\_\_\_\_\_ I acknowledge that a record drawing signed by either a Professional Engineer or a Professional Land Surveyor depicting the as-constructed size, rim and inverts elevations of pipes, stormwater structures and culverts, and contours and flood storage volumes of all required basins of the major and minor stormwater systems will be submitted for review and approval upon completion of the stormwater facilities. (15-47.B)

_____	_____	_____
Signature of Owner	Date	Print Owner Name and Title

\_\_\_\_\_ An informational note acknowledging the presence of on-site wetlands, buffers, flood plains, and PCBMPs with drainage area one (1) acre or greater has been recorded against the title to alert all future owners and shall reference the Stormwater Management Certification number. (15-47.C)

_____	_____	_____
Signature of Owner	Date	Print Owner Name and Title

\_\_\_\_\_ I have read and acknowledge all other general conditions and special conditions if applicable, on the authorization/certification letter dated \_\_\_\_\_.

_____	_____	_____
Signature of Owner	Date	Print Owner Name and Title